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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).									
I hereby appoint:									
Practitioners associated with the Customer Number:  OR  Practitioner(s) named below (if more than ten patient practitioners are to be named, then a customer number must be use								har must be used).	
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			Number					Number	
as attorney(s) or egent(s) to represent the undersigned before the United States Patent and Trademark. Office (USPTO) in connection with any and of petent applications assigned only to the undersigned according to the USPTO assignment records or essignment documents attached to this form in accordance with 3° CFR 3.73(b).									
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) is The address associated with Customer Number:  25096							7 CFR 3.73(b) to:		
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Assignee Name and Address: Dacreous Co. Limited Llability Company 2711 Centerville Road, Suite 400 Wilmington, Delaware 19808									
A copy of this form, together with a statement under 37 CFR.3.73(b) (Form PTO(SB/86 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR.3.73(b) may be completed by one of the practitioner's appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.									
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee									
Signature	m	u Pnoc			Date	11/13	109		
Name	Mary Bro	NA AVY			Telepho				
Title	Title Authorized Person for Dacreous Co. Limited Liability Company								